This study aims to evaluate the efficacy of repeated external ± internal EC in such patients. In case of persistent AF after a first external EC, a repeated external EC was performed. After the inefficiency of 2 external ECs, internal cardioversion was performed.

Methods: Patients with persistent AF, after inefficient external EC and oral pretreatment with amiodarone were included. After a mean of 3 months, repeated external ± internal EC was proposed in order to recover sinus rhythm (SR). These patients were compared with a control group, sex and age matched, also treated with amiodarone but in whom the external EC was successful at the first attempt.

The 2 groups were analyzed in a case-control study. We analyzed the rate of successful external EC after the 2 procedures in the AF group. The recurrence rate of AF was analyzed after one year in both groups.

Results: Twenty patients got unsuccessful external EC (mean age=64.1 years). There were 40 patients in the control group (mean age=67.1 years). External EC was repeated after a mean of 3.5±5.4 months. No patient needed internal EC. After one year, there was no difference in the recurrence rate of AF in both groups (33% vs. 27%; p=0.244, in studied and control groups, respectively).

Conclusion: Repeated external EC allows SR recovery in all the patients with AF under long term oral amiodarone, after a first unsuccessful external EC. The AF recurrence rate after one year was similar to patients in whom the first attempt was successful at once.

0346

Circadian behavior of RR ventricular tachycardia cycle stability in heart failure ICD recipients

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Aim: of the study was to evaluate the possible existence of a nightmare modulation of VTCL stability in ICD recipients.

Method: We evaluated 45 ICD pts with 104VT episodes occurred both at day (80) and night (24) time in a FU period of 5±3 years. As index of VTCL stability we considered the coefficient of variance (CVRR=SD/Mean RRX100) of the last 5-10 consecutive stored normal RR intervals prior to the VT.

Results: During day-night, the VTCL was 340±29ms and 352±45ms (p=NS) and the CVRR was 2.83±0.52 and 3.36±0.68 (p=0.017).

Conclusions: The VTCL is less stable during night compared to the day time, in pts with DCM. A possible explanation is that, the sympathovagal nightmare alteration modifies the electrophysiological properties of the arrhythmogenic substrate. The clinical significance of this study is towards programming the ICD parameters.

0364

Prevalence and prognosis role of wide QRS and of QRS “narrower than normal”

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Introduction: Very narrow QRS has been described whose prevalence and prognosis relevance in the normal population is unknown.

Methods: 546 healthy men between 50 and 60 yo (group 1) and 373 similar patients with coronary artery disease (368 men, EF > 50% in 40%) (group 2) underwent signal averaged ECG allowing precise measurement of QRS duration. All cause mortality was determined after 17±3 years follow-up.

Results: Mean QRS duration was 97±13ms for group 1 and 103±16ms for group 2. 85 group 1 subjects (16%) had QRS < 85ms and 23 (4%) had QRS >120ms. 44 group 2 patients (12%) had QRS <85ms and 44 (12%) had QRS >120ms. QRS were larger in case of lower EF, lack of previous angioplasty and multivessel disease.

All cause mortality in group 1 was 10.4% (57/546): 6/85 in case of QRS <85ms (7%) and 2/23 (9%) in case of QRS >120ms (p=ns compared to normal QRS duration). HR for all-cause mortality in case of QRS <85ms was 0.75 (95% CI 0.32-1.76, p = 0.52) and 0.86 (95% CI 0.21-3.53, p = 0.84) for QRS >120ms.

Conclusion: QRS “narrower than normal” (< 85ms) can be observed in a significant proportion of healthy males between 50 and 60 years old and in similar patients with ischemic heart disease. In opposition to QRS > 120 msec which are independently related to a higher all-cause mortality in coronary artery disease patients, QRS <85ms were not linked to prognosis in any group.

0382

Transvenous extraction of pacing and defibrillator leads: a high-volume single centre experience

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Background: Following the exponential growth of cardiac device implantation, there is an increase of lead extraction indications. In the meantime, the tools, the indications, and the outcomes of those procedures continue to progress.

Objectives: The purpose of this study was to examine contemporary indications, outcomes, and complications of transvenous lead extraction in a large series of patients at a high-volume lead extraction center.

Methods: We performed a retrospective cohort study of consecutive patients undergoing lead extraction at a single, high-volume center. Our extraction strategy consists in manual traction, locking stylet traction, laser use followed by inferior approach in case of failure.

Patient and lead characteristics and the indications, outcomes, and need for laser assistance were analyzed.

Results: From January 2002 to December 2013, a total of 751 chronic endovascular leads were removed from 391 patients. The mean age was years 68 (range 13-98). Seventy-five percent of patients were males. Median implantation duration was 5.5 years. Indications for extraction were systemic infection (33.3%), pocket infection (25.1%), mechanical lead failure (32.7%), and upgrade of device system (6.1%) due to thrombosis of venous access.

Extraction was successful in 97.7% of patients with complete removal. Laser assistance for extraction was required in 259 patients (66.2%), completed with an inferior approach in 38 patients (9.7%). Complications were death in 2 patients (0.5%), bleeding in 21 patients (5.4%), pericardial tamponade in 8 patients (2%).

In univariate analysis, laser-assisted lead extraction was required more frequently for leads that were implanted more than 36 months after implantation (p=0.001), as well as for passive leads compared to active leads (p=0.04).

Conclusion: Lead extraction can be safely and successfully performed in the majority of patients, with limited life-threatening complications.

0406

Anticoagulation therapy is frequent in patients with silent AF detected in cardiac devices memory, despite of current guidelines: a monocentric registry

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Introduction: More and more frequently, silent atrial fibrillation (AF) events are detected in intracardiac electronic device (ICED) memory (“infra-

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